



Date \_\_\_\_\_  
MM/DD/YYYY

## Lost Check Replacement Form

**Mail form and replacement check to the following address:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Information to be Provided by the Payee(s)

I (We) confirm that I am (we are) unable to locate the check referenced above and request that the State of Utah, Division of Finance, stop payment on the original check and issue a replacement check.

Signature of Payee \_\_\_\_\_ Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

Signature of Joint Payee (if lost check is a joint tax return) \_\_\_\_\_ Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

When the completed form is returned, the Disbursements Section will place a stop payment with the bank on the original check and issue a replacement check. If you locate the original check **after** you have returned this form, contact the Disbursements Section at 538-3200. Do not deposit or cash the original check. **Please allow 10 days for processing and mailing of the replacement check.**

### Return Completed Form in the Return Envelope Enclosed Or

#### Mail Completed Form To:

Division of Finance  
Disbursements Section  
1135 State Office Building  
Salt Lake City, Utah 84114

**Or Fax Completed Form To:** (801) 538-3562

### Information Provided by State Agencies and/or the Division of Finance

**State Agencies: Please fill in the original check number if available**

Payee \_\_\_\_\_

Payee(s) (If lost check is a joint tax return, both names should be listed) \_\_\_\_\_

Original Check Number \_\_\_\_\_ Duplicate Check Number \_\_\_\_\_

Check Amount \_\_\_\_\_ Check Date \_\_\_\_\_ Date Duplicate Check Mailed / Released \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY